

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

10/663,109

2-23-04

CLAIMS

	ORIGINAL		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1					
9		1				
10		1				
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48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.		12				
TOTAL CLAIMS		14				

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL CLAIMS						